

Integrating with users is one thing, but living with them? a case study on loss of space from the Medical Center Library, University of California, San Diego

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The University of California, San Diego (UCSD) Medical Center is the primary hospital for the UCSD School of Medicine. The UCSD Medical Center Library (MCL), a branch of the campus's biomedical library, is located on the medical center campus. In 2007, the medical center administration made a request to MCL for space in its facility to relocate

pharmacy administration from the hospital tower. The university librarian brought together a team of library managers to deliberate and develop a proposal, which ultimately accommodated the medical center's request and enhanced some of MCL's public services.

INTRODUCTION

"With the explosion of the web and ability to access almost any reference materials online, the need for a library building [*sic*] on the Hillcrest campus is no longer necessary." These words from a senior administrator at the University of California, San Diego (UCSD) Medical Center sent the UCSD Medical Center Library (MCL) on a roller coaster of activities and emotions. While the library had heard bits and pieces regarding a proposal coming its way from the medical center, in other words, a request for *some* space, the library was not quite prepared for the call for its eradication! With a consistent annual gate count of approximately 50,000 users, book check-out numbers that trend upward each quarter, off-the-chart computer room usage, and an exploding nursing outreach and training program, there seemed to be a clear disconnect between the perception of the medical center's senior management and the library's reality.

The medical center's senior management stated that the library building was no longer needed because "almost any reference material is online." Yet, from the library's perspective, scores of physicians, residents, nurses, allied health personnel, patients, staff, and the public use the library and the computers housed in it to access the online content. Unlike administrators and certain faculty, the vast majority of the library's visitors do not have offices or personal workstations. These users come to the library to access the electronic collections, and they check out books, attend consultations and classes, and reflect and collaborate in the group study rooms as well. Moreover, the library is the *only* facility at the medical center that is available to these users for such activities.

So, even though the library was willing to consider a request for *some* space, it was clear that the library would need to engage in a dialogue that involved more than the mere consideration of a transfer of square footage. The library realized that it would now have to provide a clear picture (i.e., data: gate count, book check out numbers, computer room usage) to

medical center administration of how the building is being used, who is using it, and what users are doing in it. In response to the medical center's senior management regarding closure of the library, a senior UCSD library administrator said it best, "that would be a disservice to *our* users and to *yours*." And so, the negotiation, education, and dialogue began.

BACKGROUND

The medical center

The UCSD Medical Center is currently the primary hospital for the UCSD School of Medicine. Located near downtown San Diego in the Hillcrest district, the hospital is a 386-bed facility, San Diego County's only level I trauma center, a regional burn center, and a National Institutes of Health (NIH)-designated clinical research center. The facility has about 3,000 full-time employees, including clinical faculty, nurses, pharmacists, project scientists, residents, and support staff.

The library

MCL is a branch of the UCSD Biomedical Library, which is located 30 minutes away in La Jolla. As such, MCL is part of the campus library system, reporting to the university librarian. While MCL has some monetary support from the medical center and school of medicine for this branch library's services and collections, the campus's (i.e., library system's) budget supports the lion's share of the operations and facilities. MCL was built in 1980, and prior to that, the library was located in the main hospital tower. Interestingly, the original construction plan and idea was to build the *new* library in the main hospital tower as well. However, in the final analysis, that option proved to be prohibitively expensive. And so the new library became a standalone facility of about 10,000 square feet (7,200 assignable square feet), nestled among the medical center's research and teaching facilities (CTF), which are all situated in a quadrangle, across a very calm street from the main hospital tower.

MCL and the CTF buildings all share the same architectural design cues and materials, thus adding to the overall look and feel of an academic campus. The interior of the library displays a very open and airy tri-level design. The mezzanine or middle level (with both upper and lower views) is the hub of the library's public services and staffing. The upper and lower levels house the collections and various user spaces.

The space problem

From about 2003 to the present, the medical center in Hillcrest underwent dramatic physical renovations and programmatic changes. The hospital tower, purchased from the county in the late 1960s has, over time, deteriorated—creating a need for major investments in infrastructure. This circumstance (along with the California state-mandated requirement regarding seismic retrofitting and/or building replacement by all California hospitals before 2030) launched the medical center on a very focused, but fluid, long-range strategic planning process.

This process aims to address not only the inherent maintenance issues of the Hillcrest Medical Center, but also the state's seismic retrofitting requirements as well. More importantly, though, the process seeks to layout a blueprint for the future of UCSD health care in the larger, broader picture of health care delivery, training, and clinical research in San Diego. The national and regional movement away from inpatient care to outpatient care has had a direct impact on UCSD's health care delivery system and thus its health care delivery plan. Another medical center is located thirty minutes away in La Jolla, and UCSD has determined that it can no longer sustain dual medical centers with duplicate services. Generally speaking, the new plan will be to eliminate duplication, focus on expanded outpatient services (and clinical research) in Hillcrest and provide complementary inpatient services at both medical centers.

In 2007, MCL learned that the hospital's emergency department (ED) expansion in the tower would require additional square footage. This additional square footage, however, would consume space currently occupied by pharmacy administration. With few, if any, other viable choices available to the hospital for relocating pharmacy administration, MCL was approached by the chief executive officer (CEO) of the medical center, to determine if MCL might be able to provide some space. Subsequently, the vice chancellor (VC) for health sciences and the university librarian (UL) also held discussions to determine if such an arrangement might be possible. The UL convened discussions with library management, including the medical center librarian.

Coincidentally, MCL had been gradually eliminating print journal duplication between itself and the campus biomedical library for several years. Moreover, a serials collection policy adopted by library administration throughout the library system evolved that not only encouraged digital over print, but it

unequivocally stated a *preference* for electronic access. Selectors were directed to migrate exclusively to the electronic format for serials whenever possible.

In the summer of 2008, MCL completed a withdrawal of about 13,000 bound journal volumes. This withdrawal greatly reduced the footprint of the bound journal collection located on the upper level. In addition, MCL deselected approximately 1,000 monographs from the book collection, located on the lower level. Obviously, these rather large withdrawal activities created significant space in the stack areas on both the upper and lower levels, but particularly on the upper level, which housed two-thirds of the bound volume collections.

Prior to being approached by the medical center CEO for space, MCL had visions of expanding instructional and training spaces primarily by expanding the scope and footprint of the computer classroom. MCL was also vitally interested in creating more space for users to collaborate, reflect, and relax.

It was against this backdrop, and while discussions in the library on user space needs were in progress, that a more specific request for space was submitted by the medical center. In this proposal, the medical center requested use of the entire lower level of the library, about 3,600 gross square feet. This space represents about 1/3 of the library's total area. The VC indicated that due to the ED expansion and renovation, the space was sorely needed to relocate pharmacy administration.

CONSTRUCTION AND RENOVATION

The deliberation and analysis

Over the course of several months, MCL, in meetings and online discussions facilitated by the UL, deliberated on the feasibility of the VC/medical center request. In the end, UCSD library administrators determined that accommodating this request was in the long-range strategic interests of the UCSD Library System. As a result, the medical center librarian was directed to create a plan and a proposal that would effectively transfer one-third of the existing library space, preferably the lower level, to the medical center for relocation of pharmacy administration. The lower level of the library had a separate exit on the south side of the building—currently an emergency exit—which made the selection of the lower level more practical and less invasive on the library's other operational and user services space.

The medical center librarian presented a plan to the UL and other library administration members with 3 options, all of which entailed renovation of the mezzanine and upper level. The options ranged in cost from low (approximately \$100,000) to high (over \$150,000). Both the medical center and the library knew that the plan would require major renovations for both the library and for pharmacy administration. The MCL part of the renovation plan that the UL and library administration decided on, carried a price tag of about \$150,000. Library

administration agreed that the medical center should bear most of this cost. And so, the library's response proposal went forward to the medical center and the VC. The medical center almost immediately agreed to the arrangement because of their desperate need for space. The cost and the schedule have been greatly extended since the initial proposal was approved (see below).

The negotiation and outcome

The negotiations and outcome have had some very positive results for the libraries. MCL's request for the design and construction of the separation wall stipulated that the design be beautiful and preserve the open, airy feel of the library. In addition to requesting a cost share from the medical center for the library-related portion of the renovations, the UL (at the suggestion of the MCL director) requested some space on the La Jolla Medical Center campus for the UCSD Biomedical/Medical Center Library's new clinical outreach librarian. The library had been struggling for years to find a way to obtain a touch-down space for a person and an outreach program at the La Jolla Medical Center. The library decided to seize this opportunity to make its request at the highest level. The outcome of this aspect of the negotiation was successful. Thus, in addition to funding two-thirds of the library's renovation costs and full funding for the separation wall design and construction, the medical center and the VC also agreed to provide some space on the La Jolla Medical Center campus for the clinical outreach librarian.

The construction and renovation has involved many entities at the medical center, at the library, and on the campus. As the onsite project manager, the medical center librarian has been involved in every aspect of the project and regularly attends design, planning, and construction meetings. As with most construction projects, cost changes, schedule adjustments, and other unforeseen events are inevitable. It was discovered that the building's fire alarm system was not up to code, and the additional cost for a new system pushed the budget 25% over its original amount. The schedule was also extended. Originally, the medical center wanted the project completed by April. While the library bent over backwards to reach its construction target, the medical center only recently began the second phase of the project, and the new deadline for completion is now fall 2009. With so much construction going on at the medical centers, delays were expected. However, this delay proved to work to the advantage of pharmacy administration (the new tenants) and MCL. The original renovation plan did not include restroom facilities on the lower level due to the prohibitive cost. However, during the delay, the MCL director and the pharmacy's management services officer vigorously lobbied the chief operating officer of the medical center and provided a proposal for construction of a restroom on the lower level, and this request was granted.

DISCUSSION AND CONCLUSION

Unfortunately, the second phase of this project (i.e., the separation wall and renovation of the lower level for pharmacy administration) as of this writing has only just started. The new date for completion is fall 2009. Therefore, any analysis or evaluation of the overall project's success cannot be conducted at this time. Nonetheless, without the aid of retrospection, the library's initial observations regarding the positive aspects of the project include:

- **New computer room:** The library received a larger space for computer use and hands-on computer instruction. Previously, the computer room space on the lower level was a little tight and accommodated only nine workstations. The new computer room on the upper level is more capacious and accommodates twelve workstations. The new room also provides a ceiling-mounted projector and is climate controlled. Everyone agrees this new space presents a more professional instructional environment for both users and trainers.

- **Refreshed user spaces:** Though much more compact in terms of square feet, the user spaces now have a more varied and organic kind of arrangement and are more inviting.

- **New public computer furniture that uses space more efficiently:** Previously, the library was only able to accommodate four workstations on the mezzanine level. The new, circular furniture accommodates six workstations and uses finishes that tie in with the architectural details of the separation wall.

- **Environmental systems:** Attention to the library's deteriorating air handler (deferred maintenance) and fire alarm system reached the highest levels with this project. The engineer's report on the heating, ventilation, and air conditioning (HVAC) system confirmed that the unit is probably not going last much longer, and the new fire alarm system is now up to current code.

- **Focused journal and monograph collections:** MCL collections are perhaps the most efficient and focused of any of the branch libraries in the system. For the most part, duplication has been eliminated, and a very thorough process of evaluation of resources (in the context of the current programmatic needs) has been firmly established. The byproduct of this activity has resulted in lower collections expenditures, which in these very difficult economic times, is always a welcome outcome.

- **Weeding of excess or unused inventory:** Furnishings and equipment were shipped off to surplus sales.

In addition, looking forward, library staff hope that other positive aspects of the overall project will be:

- **Increased traffic flow to the library facility:** A variety of hospital personnel from across the street now come to the library.

- **A more modern, updated look and feel for the library:** The architect's design for the separation wall is quite beautiful and modern.

The negative impacts have been no less important:

- **Staff morale:** The process involved in determining the library's fate was filled with anxiety for many staff

members. The rumor and subsequent substantiation of the medical center's notion to close the library caused considerable consternation for veteran staff members.

■ Distressed faculty, project scientists, and research assistants: Having heard rumors of the library's closure and becoming very concerned, many sent direct appeals to the medical center CEO and the VC for health sciences expressing their concerns.

■ Loss of user space: Prior to the remodel, MCL had four group study rooms—there are now two. Prior to the remodel, MCL had twice the square footage for lounge chairs, study tables, and benches.

■ Loss of storage space and seating: MCL has virtually no storage space as a result of this remodel. Inventory weeding included seating, carrels, and other types of user furniture that had to be removed.

FUTURE IMPACT

While no one can predict MCL's destiny, the medical center's constant need for space is a reality. Construc-

tion costs for new facilities will only escalate, and thus the pressure on existing buildings and resources will also increase. The view of senior management at the medical centers and on the campus is that *all buildings* are created for the service of the university and as such will be configured and deployed to meet the dynamic needs of the university. Thus, other libraries in the system may face the same space challenges (and opportunities) in the future that MCL is currently facing today, as budgets continue to tighten and resources diminish.

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